

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
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10							60			
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12							62			
13							63			
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17							87			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.	19	11					TOTAL DEP.			
TOTAL CLAIMS	20						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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